

## **Health Activities in Rakhine State**

### **The Ministry of Health**

#### **1. Background**

The Ministry of Health through the Department of Health provides comprehensive healthcare based on the Rakhine State overall development plan, in cooperation with the Rakhine State Government, local NGOs and INGOs.

For effective cooperation on health cluster activities not only in Rakhine State but also in Kachin and Kayin States, monthly health cluster meetings headed by the Deputy Minister for Health are convened for coordinated health care activities in these areas. The Ministry of Health thanks and appreciates all health partners, including the Global Fund, for their cooperation in health activities, especially in Rakhine State.

The Ministry of Health is the core governmental agency to respond to public health issues throughout the country including Rakhine State. The Ministry has been providing healthcare services to all people in Rakhine State with the main focus to victims of the communal violence, in line with humanitarian principles.

The local community has lost trust and confidence in some INGOs especially MSF (Holland) due to the misconduct of some staffs of MSF (Holland) despite the good objectives and purposes of the aid organization. It led to the temporary withdrawal of MSF (Holland) in February 2014.

Some staffs of the UN and INGOs left Sittwe due to the unfortunate mob attacks against their facilities on 26 and 27 March 2014.

The Ministry of Health substitutes the functions carried out by MSF (Holland) and additional healthcare services have been provided in temporary absence of some staffs of UN agencies and INGOs.

#### **2. Public Health Emergency Management and Strengthening of Health Services**

- Response objectives**
- Emergency Medical care and psychosocial support to affected population (including rehabilitation of the injured)
  - Disease surveillance, prevention and control of communicable disease outbreaks
  - Revitalization of health system
  - Strengthening of Health Services

#### **3. Immediate Intervention by Ministry of Health**

##### **(a) Emergency Medical Care**

- Providing emergency medical and surgical management for the affected townships hospitals. 24 hours clinics ~~were~~ have been opened at every camp for emergency medical care supervised by senior Medical Officer. From (9-6-2012) to (24-2-2014), a total of (434,815) consultations has been taken place by health teams from the

Ministry of Health. A total of 730 patients were hospitalized at Sittwe General and other hospitals by means of emergency referral from health teams.

- INGOs have been previously visiting weekly (or) bi-weekly to the IDP Camps and giving mobile medical care services. The activities have been substituted by the total of 15 medical doctors and health assistants from Rapid Response Teams (RRT) from Department of Health. The activities have been assisted by health staffs from, township health Department, State Health Department, Myanmar Medical association, Myanmar Health Assistant Association, Myanmar Nurses and Midwife association. RRT teams have been providing medical care, patients referral, diseases surveillance and control activities, immunization activities, maternal and child health and public health activities.
- The Ministry of Health also sends Specialists, Medical Officers, Nurses and Health Staff on rotation basis to Rakhine State to fill the gap left by INGOs. Vacancies in all health facilities have also been filled by the Ministry of Health.

(b) Supply of Emergency Health kits and essential drugs

- The Ministry of Health also supports Emergency Health kits and essential medicines to all affected population.

(c) Established early warning surveillance system

- The ministry has been monitoring possible appearance of communicable diseases such as cholera, dysentery, typhoid, hepatitis, DHF, Leptospirosis, Malaria, Measles and Meningitis. The ministry has been able to prevent the outbreak of such communicable diseases due to early detection and surveillance system.

(d) Water and sanitation

- Chlorination of all water sources in affected area and camps to get safe drinking water. By the support of local community, INGOS, the team can also arrange latrine and waste disposal system at all camps.

(e) Food hygiene

- The team also supervised the food sanitation, food safety and also advices special arrangement for the food for the infants and all other victims.

(f) Immunization

- Tetanus vaccination has been provided for people who have injuries (measles immunization was conducted since Mass Measles Campaign).
- To prevent the immunity gap among the children in affected townships, Polio catch up campaign was conducted 26 to 30, March 2013 in 12 townships, namely Sittwe, Yathataung, Ponakyun, Kyattaw, Myauk Oo, Mibya, Pauktaw, Myebon, Maungtaw, Buthetaung, Kyaukphyu and Yanbye. A total of 325,826 of under 5 children were

immunized in those townships (as of 28-3-2013). Second round was conducted on 26 to 30 April 2013. Myanmar received polio free certification on 27<sup>th</sup> March 2014. It is also helped by mass campaign of OPV vaccination for under 5 children in Rakhine state to boost the immunity in local to prevent re-importation of wild polio virus. It achieves 98% coverage.

- Routine Immunization services are also strengthened at relief camps and all townships by effective micro-planning at all level.

(g) Vector control

- Supervision of garbage collection and disposal of waste to discourage fly and rodent vector breeding, response activities on prevention of Malaria, DHF have also been carried out. (eg. Fogging, Indoor Residual Spray done)

(h) Health education and social mobilization

- Health Education on promotion of good hygienic practice
- Nail cutting & hand washing
- Health Education on prevention & control of communicable diseases

(i) Treatment of HIV, TB, Malaria Patients

- MSF (Holland) three clinics in Sittwe, Butidaung and Maungdaw township to give ART and healthcare services to 750 HIV patients.
- The Ministry of Health has now opened ART Center in Sittwe General Hospital to take care of 350 patients in Sittwe. About 400 patients in other townships are take care by respective township hospital as decentralized ART center. The Department of Health also procures CD4 machine for Maungdaw Hospital to assist the accurate diagnosis and prognosis of patients. Currently, there are 9 doctors and staff from National HIV/AIDs program; 18 physicians, doctors and staff from Sittwe General Hospital; doctors and staff from township health departments are currently supervising the activities such as ART Treatment and other activities of these patients.
- All tuberculosis patients have TB Drugs (Patient Kit) which have been supplied by the Rakhine State TB Teams. National Tuberculosis Program starts to provide the TB Drugs to tuberculosis patients who are treated by INGOS including MSF-H (AZG).
- Currently all TB patients are assured to get treatments without interruptions by means of distributions of all drugs to township and station health facilities.
- The State Health Department has deployed the Government Basic Health Staff, Voluntary health workers and Local NGOs staffs to continue the malaria control and treatment activities. National Malaria control programme will take care the technical and central staff support to fill the gap of diagnosis and treatment activities previously managed by INGOS. Fixed and mobile medical teams will be taking care of diagnosis, prevention, distribution of long lasting insecticide nets, block spraying and health education to control malaria in the areas.

#### **4. Camp Management**

The government has built relief camps for the total of 8365 Rakhine people and 107968 Bengali people who were affected by the violence. The emergency Rapid Response Team has provided proper camp management measures such as providing health care services, emergency medical care, referral of patients, prevention of communicable diseases in temporary relief camps. The team carried out measures such as providing of safe water supply and chlorination of wells and water sources at camps, providing and building of temporary latrines, ensuring food safety, supply nutritional supplement, health education practices of DHF, providing emergency medicine supply through CMSD in affected townships.

The ministries concerned and non-governmental social organizations have to work co-operatively in resettling them in order that they can resume their original livelihood at their original places soon.

#### **5. Emergency Referral of Patients**

Emergency medical referral is being conducted using three speed motor boats provided from the State Government, one in Sittwe, one in Pauk Taw and one in Myae Bon. For the patient who needs to be referred by road, the Ministry of Health has provided 5 ambulances and the Myanmar Red Cross Society provided 2 ambulances. The fuel required to run this service has been supported from department of Health. A total of 730 patients were hospitalized at Sittwe General and other hospitals by means of emergency referral from health teams.

The Ministry of Health takes care at Stabilization Center in Thet Key Pyin. The preparation has been arranged with coordination by senior consultant from Sittwe General Hospitals. Preparation for the establishment of an emergency hospital is underway to provide emergency health care services and referral.

#### **6. Construction of Temporary Clinics and Health facilities**

The Ministry of Health has constructed 28 temporary clinics worth of 144 million Kyats to take care of patients in relief camps. The ministry has also been renovating and constructing 40 health facilities at Rakhine State in 2013-2014 Budget year.

#### **7. Financial Support**

A total of 4336.20 million kyats was supported for Rakhine State Health Activities by the Ministry of Health in 2013-2014. It includes 2361.20 million Kyats for drugs supplies and 1975 millions kyats for constructions and other health activities in 2013-2014. The total amounts of 4754 million kyats have allocated for construction of health facilities in 2014-2015 budget years.

## **8. Revitalization and Strengthening of healthcare services**

- Mobilization of health personnel to affected areas
  - Specialist teams
  - Mobile medical teams
  - Public Health teams
- Restoration and replacement of health staffs
- Replenishment of equipment, logistics, medicines and supplies to health facilities
- Strengthening of early detection and rapid response of disease outbreaks
- Revitalization and strengthening of EPI
- Restore and maintain programmes such as TB, HIV/AIDS and Leprosy
- Malaria, Dengue Prevention and Control
- Protein Energy Malnutrition Control
- WCH
- Training of PHS 2
  - The total of 208 PHS II get refresher training, 74 AMW are trained which includes 35 Bengali AMW. The totals of 1072 CHW are deployed in Rakhine and 210 CHW are also trained on 6 townships which includes 60 Bengali at affected area in 2013.
- Mental Health
- Water and Sanitation

## **9. Conclusion**

Due to the coordinated efforts of the Ministry of Health, the Rakhine State Government and the State Health Department, there was no major communicable disease outbreak in the region and also in the temporary relief camps.

The Ministry of Health has been coordinating with all INGOs and UN agencies and facilitating their activities.

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